

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH—BUREAU OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

COPY A

FOR BUREAU OF
VITAL STATISTICSREGISTRATION
AREA NUMBER

106

CERTIFICATE
NUMBER

490

STATE FILE
NUMBER

78 020075

DECEDENT

1. FULL NAME OF DECEASED (first) (middle) (last)
EDWARD (NMI) HUNTER

2. SEX male ☒ female ☐

3. RACE **White**

4. DATE OF DEATH (mo.) (day) (year) 5. AGE
June 24, 1978 75 years

6. DATE OF BIRTH (mo.) (day) (year) 7. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ yes ☐ no
July 2, 1902

PLACE OF
DEATH

8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) **None**

9. COUNTY OF DEATH (if independent city, leave blank)
Arlington

10. CITY OR TOWN OF DEATH inside city or town limits? ☐ yes ☐ no
4114 N. 4th Street

USUAL
RESIDENCE
OF DECEDENT

12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE
Virginia

13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank)
Arlington

14. CITY OR TOWN OF RESIDENCE inside city or town limits? ☐ yes ☐ no
4114 N. 4th Street

15. STREET ADDRESS OR RT. NO. OF RESIDENCE ZIP CODE
22203

PERSONAL
DATA OF
DECEDENT

16. NAME OF FATHER OF DECEASED
Edward Hunter

17. MAIDEN NAME OF MOTHER OF DECEASED
Rose Weiss

18. CITIZEN OF WHAT COUNTRY 19. BIRTHPLACE (state or country) 20. NEVER MARRIED ☐ DIVORCED ☒ 21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank)
U.S.A. New York

23. USUAL OR LAST OCCUPATION 24. KIND OF BUSINESS OR INDUSTRY 25. INFORMANT - OR SOURCE OF INFORMATION
Journalist Free Lance Robert Hunter, Son

TO
PHYSICIAN:

Complete and sign medical certification (Item 26) and return both copies to funeral director as soon as possible after determination of cause.

NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final decision as soon as possible.

MEDICAL CERTIFICATION

26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A) **CARDIAC ARREST**

DUE TO (B) **PROBABLY DUE TO MYOCARDIAL INFARCTION**

DUE TO (C) **ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)
AUTOLIC MYOGENIC EMBOLISM - DIABETES MELLITUS - RHEUMATOIDISM

26a. AUTOPSY? AUTHORIZED BY: ☐ yes ☒ no

26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? ☐ yes ☐ no ☐ unknown

26c. IF EXTERNAL CAUSE, IT WAS PRIMARY ☐ or CONTRIBUTING ☐ TO CAUSE OF DEATH
NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER

26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED

26e. TIME OF INJURY (mo.) (day) (year) **12:53 PM**
A.M. ☐ P.M. ☐

26f. INJURY OCCURRED while at work ☐ or not while at work ☐

26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)

26h. (city or town) (county) (state)

26i. To the best of my knowledge, death occurred at **12:53 PM** (a.m.) (p.m.) on the date and place and from the cause(s) stated.

ACTUAL
SIGNATURE

NAME OF ATTENDING PHYSICIAN (Type or Print)

Dr. Nikos Kakaviatos

DATE SIGNED:

6/26/78

ADDRESS OF ATTENDING PHYSICIAN

3800 N. Fairfax Dr., Arlington, Va.FUNERAL
DIRECTOR

27. BURIAL REMOVAL CREMATION ☐ ☐ ☒

28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state)
Cedar Hill Crematory, Suitland, Maryland

29. (Signature of funeral director or person legally filing this certificate)

NAME OF FUNERAL HOME AND ADDRESS: **Joseph Gawler's Sons, Inc.**
5130 Wisconsin Ave, NW, Wash., D.C.

REGISTRAR

30. (signature of registrar)

DATE RECORD
FILED:**6/26/78**

MARGIN RESERVED FOR BINDING

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